



SOUTH DAKOTA
DEPARTMENT OF HEALTH



605 Strong – Crisis Counseling Program

Melanie Boetel, Division of Behavioral Health



The DBH supports ...

...Children and adults with serious mental illness.

...Adolescents and adults with substance use disorders.

...Youth and young adults in need of prevention services.

About DBH

The Division of Behavioral Health provides oversight of the publicly funded behavioral health system.



About DBH

The DBH supports a comprehensive array of publicly funded behavioral health treatment services.

Publicly Funded Behavioral Health Treatment Services

- Outpatient mental health services
- Outpatient and inpatient substance use disorder treatment services
- Prevention services



HERE TO *support*

605
STRONG
— .COM —



605 Strong

The Crisis Counseling Program supports

- Outreach to individuals impacted by COVID-19 and links them to appropriate behavioral health or other necessary resources including unemployment, health, and financial
- 211 hotline for individuals to call seeking resources as well as the statewide awareness campaign, 605 Strong
- A follow-up program for individuals in acute distress or in need of additional support
- Crisis counseling is available statewide, focusing on COVID-19 hotpots, and are supported by staff at Lutheran Social Services and The Helpline Center



605 Strong

Target Populations

- South Dakotans impacted by COVID-19 through direct exposure or loss of a loved one
- Health care workers
- Business community
- Children and families
- Nursing facilities
- Tribal members



Supportive Services for Individuals impacted by COVID



Option #1 – Connect NOW

Offer to transfer call to 211

Option #2 – Connect Later

Refer caller to 211 or
text '605STRONG' to 898211

Option #3 – Follow-Up from Helpline Center Staff

Request follow-up at
<https://www.helplinecenter.org/dohfollowup/>

Connection to food and other basic needs resources
in their community

Information on financial assistance that may be
available to them

Mental health resources to support someone
experiencing increased stress or anxiety

Someone to talk to about their situation and
connect them to resources that may help

Family resources, including schooling at home and tips
for talking with kids about COVID

2.1.1

Get Connected. Get Help.™

Powered by **helpline**
center

Supportive Services



CALL 211

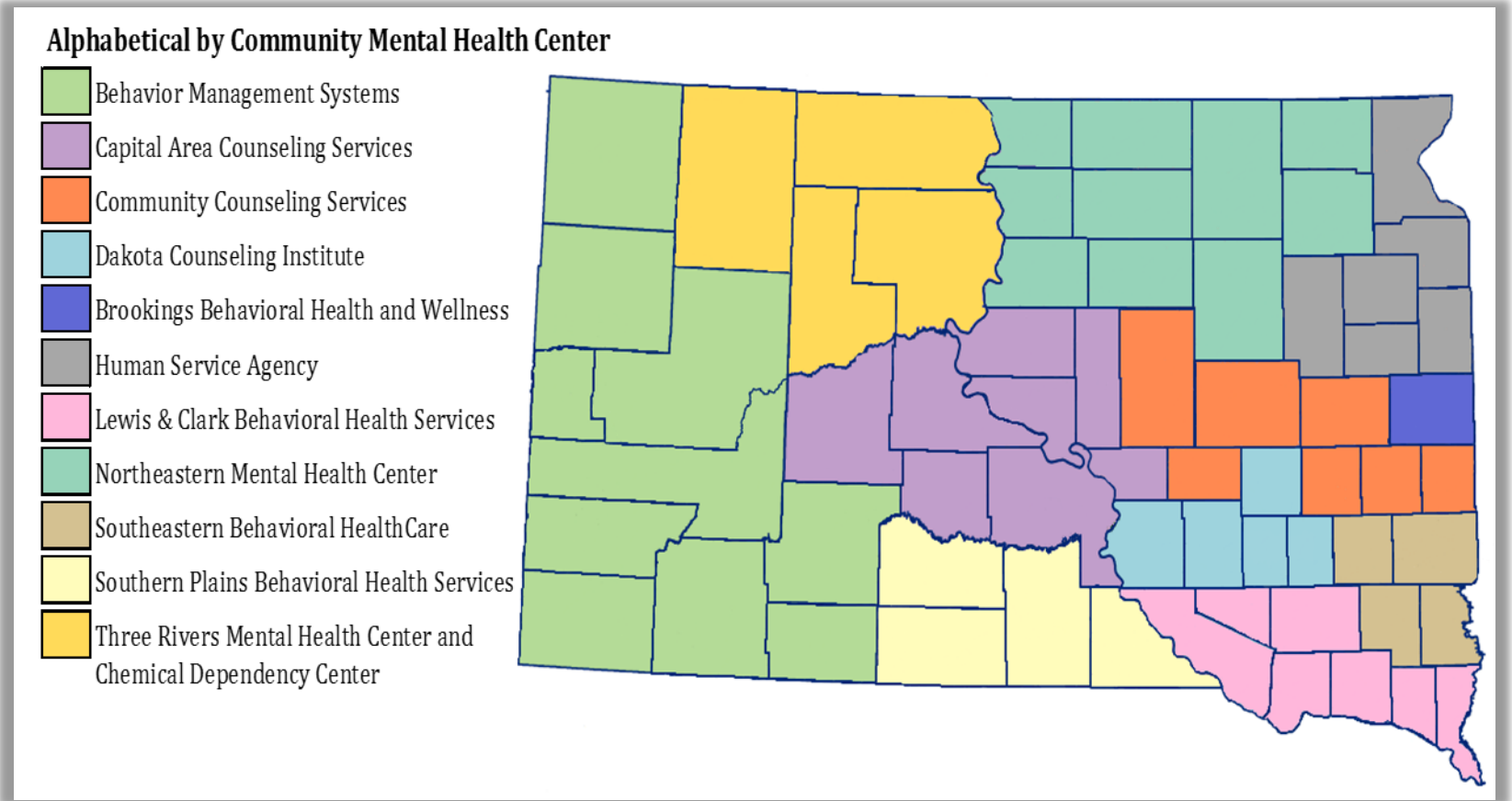
TEXT '605STRONG' TO 898211

VISIT 605STRONG.COM

Publicly Funded Mental Health Services

DBH contracts with Community Mental Health Centers to provide the following:

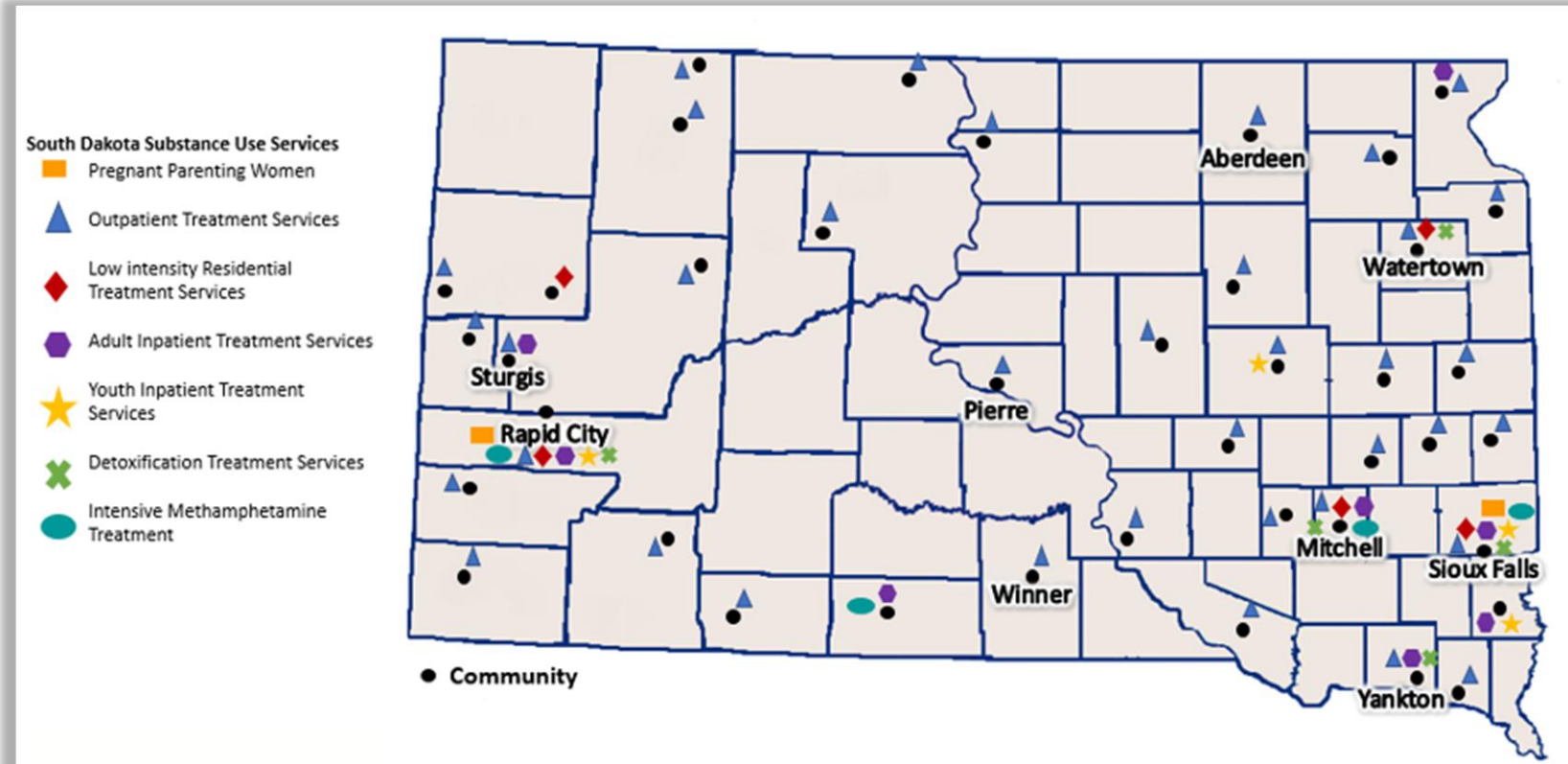
- Emergency Services
- Outpatient Services
- Children, Youth, or Family (CYF) Services
- Comprehensive Assistance with Recovery and Empowerment (CARE) Services
- Individualized Mobile Programs of Assertive Community Treatment (IMPACT) Services



Publicly Funded Substance Use Disorder Treatment Services

DBH contracts with SUD treatment providers and prevention agencies to provide the following:

- Prevention Services
- Outpatient Treatment services
- Low Intensity Residential Treatment Services
- Inpatient Treatment Services
- Detoxification Treatment Services
- Specialized services
 - Intensive Methamphetamine Treatment
 - Pregnant Women and Women with Dependent Children Programs



Telehealth Services

Eligible Services

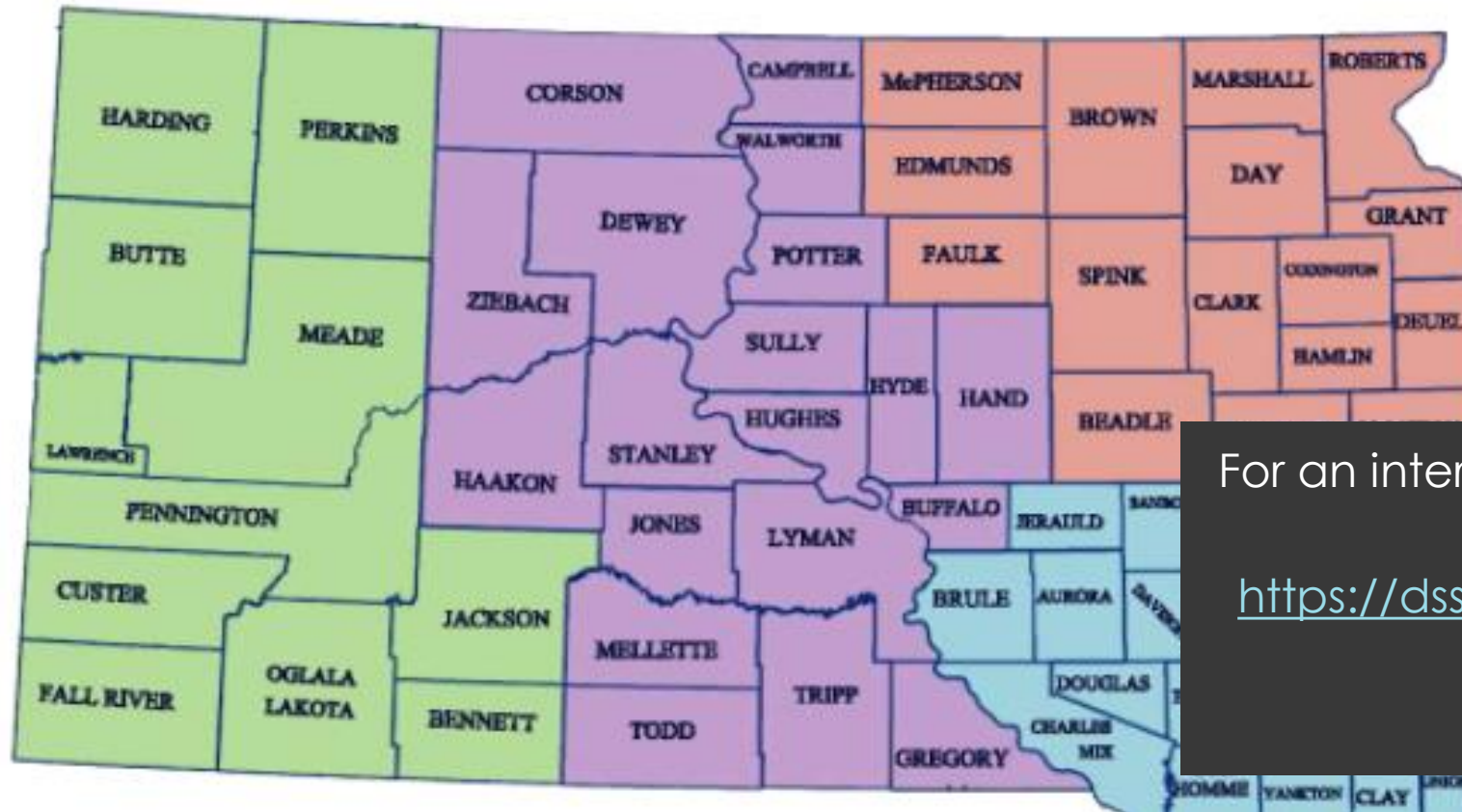
- Mental Health
 - Psychiatric Evaluation, Intake, Screenings and Testing
 - Medication Management
 - Individuals Therapy
 - Family Therapy
 - Group Therapy
- SUD Services
 - Assessments
 - Individual Counseling
 - Family Counseling
 - Group Counseling
 - Crisis Intervention
 - Early Intervention



How to Find Treatment Services

Behavioral Health Services County Map

Please click the county nearest to you for contact information. Funding assistance for treatment services is available to individuals who meet programmatic and financial eligibility. Treatment agencies will assist clients in applying for funding assistance.



Other Links

- Community Behavioral Health
- Correctional Behavioral Health
- HIPAA Information
- Human Services Center

See Also...

- Long Term Services and Supports
- Economic Assistance
- Medicaid

Resources

- DSS Employment

For an interactive map of the agency/agencies nearest you, please go to:
<https://dss.sd.gov/behavioralhealth/agencycounty.aspx>



Thank You

Melanie Boetel



605.367.5236



dssbh@state.sd.gov



dssbh.sd.gov

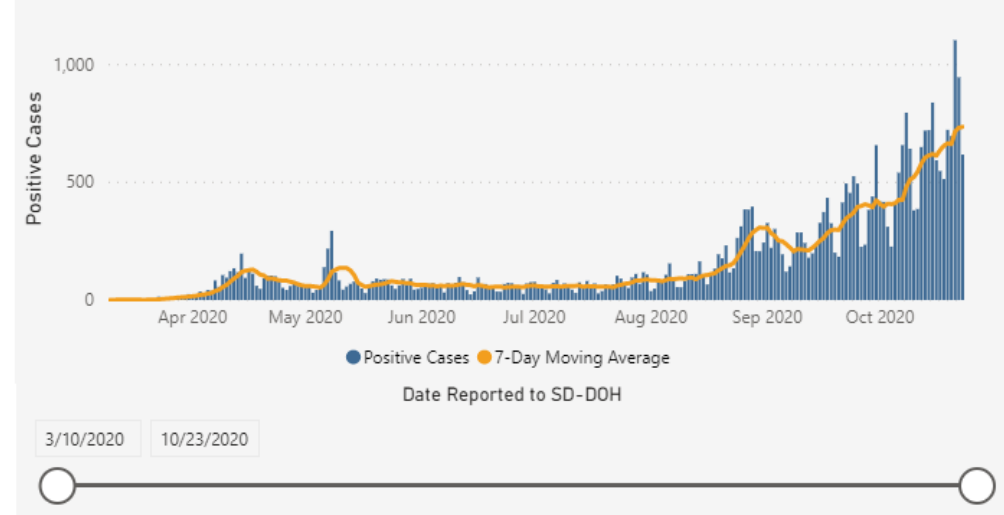


COVID.SD.GOV

(10/26/2020)

SD Overview	Demographics	Hospital Capacity	Trends	Tables
New Confirmed Cases 1017	New Probable Cases 46	Active Cases 10,745	Recovered Cases 28,083	Currently Hospitalized 366
Total Confirmed Cases 37,979	Total Probable Cases 1,224	Total Persons Tested 245,930	Total Tests 401,913	
Ever Hospitalized 2,436	Deaths 375	% Progress (September Goal: 44,233 Tests) 218%	% Progress (October Goal: 44,233 Tests) 243%	

Positive Cases by Date Reported to SD-D0H



CleanSpace HALO Project



CLEANSPLACE HALO

A major innovation in Personal Respiratory Protection for Healthcare.

Designed by biomedical engineers. A lightweight compact powered respirator. Minimal parts. Ergonomic with no cables, hoses or helmets.

- Lightweight (350g/1 lb) and compact
- High protection for biohazards (APF 50 & 1000)
- No hoses or belt mounted battery packs
- Reliable, fast cleaning and disinfection
- CE Mark approved

Currently we are allocating two (2) CleanSpace HALO Respirators, two (2) full face masks (one Small and one Medium/Large), filter pack, charger, fit test adaptor, and cleaning & storage plug set to each SD ground ambulance service.

Lance Iversen

Phone: 605-394-6027

Email: Lance.Iversen@state.sd.us

N95 Fit Testing


Department of Health is working with SDEMSA Districts

- Equipment and supplies to each district
- Training to be provided by DOH

Emergency Medical Services Preparedness

PPE Requests:

Julie Smithson—Primary contact Julie.Smithson@state.sd.us

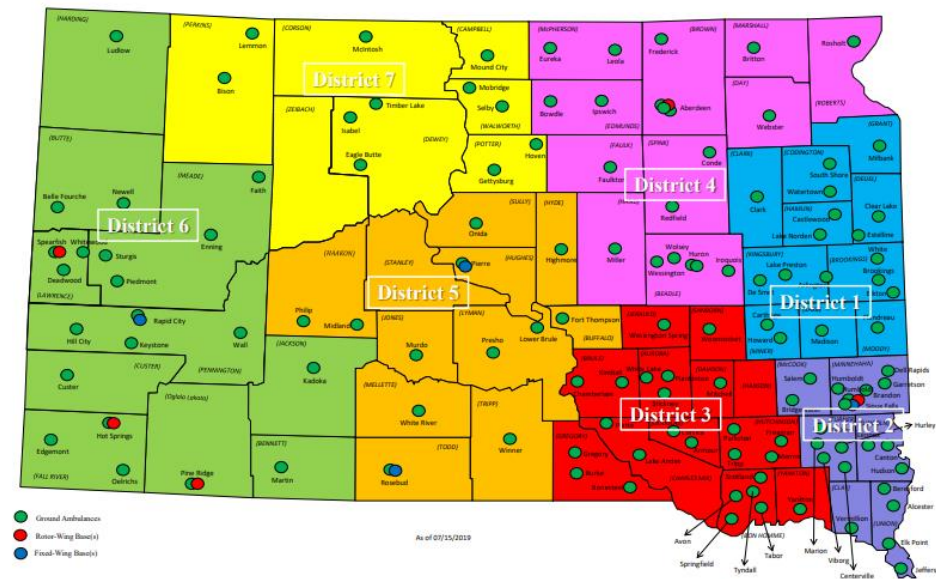
- Email: COVIDResourceRequests@state.sd.us
 - Fax: 605.773.5942
 - Phone: 605-773-3048
- 

SD Statewide Radio System Project 25 (P25)



Bob Hardwick
Phone: 605-773-4440
Email: Bob.Hardwick@state.sd.us

Mass and Sentinel COVID-19 Testing for First Responders




SD Emergency Medical Services Health

Professionalism during a pandemic

- Temperature Checks
 - For on call staff; if symptomatic, contact your PCP
- Masking on every call
- Protect yourself and your patients as if they have COVID-19

SD Emergency Medical Services Health

Workforce Health:

- [Handling COVID-19 Anxiety and Stress](#)
 - [SD 211 Call Center](#) and SDML work
 - [Self Isolation Guidance](#) (for self and family)
- 

COVID.SD.GOV

NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

[Updates](#) | [COVID-19 in South Dakota](#) | [Trend Data](#)
[Precautions to Avoid Illness](#) | [If You Develop Symptoms](#)
[Community Guidance](#) | [Resources in Multiple Languages](#)
[For Medical Providers](#) | [SD Healthcare Provider Guidance](#)
[Hydroxychloroquine Distribution](#) | [PEPCOH](#)
[SD Registries & Data Collection](#)
[CDC Healthcare Provider Guidance](#) | [CDC Website](#)


Infection Control in EMS

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Healthcare-Associated Infections & AR Program Coordinator

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>



Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (Update 10/21)

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed COVID-19 ³	<ul style="list-style-type: none">• HCP not wearing a respirator or facemask⁴• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹	<ul style="list-style-type: none">• Exclude from work for 14 days after last exposure⁵• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶• Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Close Contact Definition

Close Contact

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*



Strategies to Mitigate Healthcare Personnel Staffing Shortages

As staffing shortages in healthcare facilities become a concern- please refer to the recommendations in order to maintain appropriate staffing and safe work environment for both staff and patient care:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>





Strategies to Mitigate Healthcare Personnel Staffing Shortages

Develop plans to allow *asymptomatic* HCP who have been *exposed to COVID*, and should quarantine, but are not known to be infected to continue to work:

- These HCP should still report temperature and absence of symptoms each day before starting work.
- These HCP should wear a facemask (for source control) while at work for 14 days. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria.



Strategies to Mitigate Healthcare Personnel Staffing Shortages

Develop criteria to determine which HCP with *suspected or confirmed* COVID-19 (who are well enough and willing to work) could return to work in a healthcare setting before meeting all Return to Work Criteria—if staff shortages continue despite other mitigation strategies.

- Allow HCP with confirmed COVID to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline.
- Facemasks should be worn even when they are in non-patient care areas such as breakrooms, as they can expose their coworkers.
- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- They should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.
- They should self-monitor for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

KEY POINTS



Flu Vaccination Guidance During a Pandemic



“When is it safe to administer the flu vaccine to someone who has had or is recovering from COVID?”

When that individual has come off isolation precautions and has recovered from COVID, they can receive the influenza vaccine.

Links and FAQs regarding flu vaccine during COVID:

<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>





Clinical Questions about COVID-19: New FAQs on Testing in Nursing Homes

Provides answers to frequently asked questions—including role of confirmatory testing and management of individuals with potential false-positive or false-negative antigen test results.

[Link Here](#)



Testing in Nursing Homes

How can public health jurisdictions prioritize testing across nursing homes when resources are limited?	+
Is there an optimal frequency for testing residents and HCP who previously tested negative in nursing homes as part of an outbreak response?	+
Should residents in nursing homes who are asymptomatic be tested in non-outbreak settings?	+
When should an antigen test be considered a false positive?	+
If a nursing home is concerned about a false-positive antigen test result, what confirmatory test should be performed?	+
If a confirmatory test is performed on a person with a potential false-positive antigen test result or a potential false-negative result, what infection prevention and control (IPC) measures should be enacted while the result is pending?	+
What infection prevention and control (IPC) measures should be enacted in response to people with a positive result from an antigen test followed by a negative result from an RT-PCR test?	+
Should residents or HCP who have a positive antibody test for SARS-CoV-2 be tested as part of facility-wide testing?	+
How should facilities approach residents who decline testing?	+
How should facilities approach HCP who decline testing?	+
If HCP work at multiple facilities, do they need to receive a viral test at each facility?	+
Should asymptomatic HCP who are tested as part of facility-wide testing be excluded from work while waiting for test results?	+



PPE Fatigue

*Continue to encourage and reinforce proper PPE use, especially in our HCWs who are wearing it for extended periods of time.

*PPE is important: allows disease investigators to consider PPE use when looking at close contacts in exposure cases. Healthcare Worker Risk Assessment:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

*Educational webinar examining PPE use and fatigue in HCWs, with links to resources and opportunities for improvement:

<https://www.youtube.com/watch?v=CJlbXaduIYY&feature=youtu.be>



**NETEC COVID-19 Webinar Series:
Got Masks? PPE Compliance and Fatigue
in the First Responder Realms**